

STATEMENT OF MARY E. WILFERT,  
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MEDICAL ASPECTS OF SPORTS BEFORE THE SUBCOMMITTEE ON  
COMMERCE, TRADE AND CONSUMER PROTECTION AND SUBCOMMITTEE  
ON HEALTH OF THE HOUSE COMMITTEE ON ENERGY AND COMMERCE  
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Chairman Stearns, Chairman Deal, Ranking Member Schakowsky, Ranking Member Brown and other distinguished Members of the Subcommittees, on behalf of the National Collegiate Athletic Association, I am Mary Wilfert and I appreciate the opportunity to appear today and inform you of the Association's drug education and drug-testing programs with Association member institutions. For the last five years, I have been responsible for managing the NCAA's efforts in the area of drug education and our drug testing program and am also the NCAA liaison to the Committee on Competitive Safeguards and Medical Aspects of Sports (CSMAS) and the Drug-Education and Drug-Testing Subcommittee of CSMAS. This NCAA Committee provides expertise and guidance to the NCAA on health and safety issues, reviews the NCAA drug-testing and education programs, and adjudicates positive drug-test appeals. I have an extensive professional background in the health services field, focusing on programs that enhance wellness and lifelong learning.

The NCAA is a private association of approximately 1,200 four-year institutions of higher education and athletics conferences. There are more than 360,000 student-athletes

competing at these NCAA member schools. According to the NCAA Constitution, under the Principle of Student-Athlete Welfare, intercollegiate athletics programs “shall be conducted in a manner designed to protect and enhance the physical and educational welfare of student-athletes.” The NCAA manual states that it is the responsibility of each member institution to protect the health and safety of and provide a safe environment for each of its participating student-athletes.

In order to promote student-athlete well-being and deter drug use, the NCAA has developed a two-prong approach – education and detection. Both are critical to the overall effort to address concerns with the use of drugs in intercollegiate athletics. The NCAA established its national drug-education and testing programs in the 1980’s and 1990’s. The NCAA drug-testing program has earned a reputation as a model of quality and professionalism. The NCAA spends close to \$4 million annually for our national drug testing programs. The national NCAA drug-education and testing programs are enhanced and complemented by the additional efforts of NCAA member institutions. The majority of members have developed institutional policies to conduct drug-education and drug testing programs of their athletes, as measured through the biennial Drug-Education and Testing survey of the membership. This partnership provides a strong anti-doping message throughout intercollegiate athletics programs.

### **Competitive Safeguards and Medical Aspects of Sports**

The NCAA Association-Wide Committee on Competitive Safeguards and Medical Aspects of Sports, CSMAS, provides expertise and guidance to the NCAA on issues

pertaining to student-athlete health and safety. CSMAS is comprised of experts in sports medicine practice and research, sports law, and athletic administration. Members of this committee have been published in their respective fields, and are looked to as important resources for sports science information. These dedicated professionals contribute their time and expertise to assist the NCAA in the development of drug-education and testing policies, and provide medical and policy review and adjudication for any student-athlete who wishes to appeal a positive drug test. This committee annually reviews the NCAA drug-testing program protocol and list of banned drugs.

### **Drug Education**

Since 1985, the NCAA has conducted a national study of the drug use habits of college athletes. The study is replicated every four years and five replications have been conducted since the original study. The study is designed to obtain data on the substances and use patterns of college athletes through the use of anonymous self-report questionnaires. This data assists us in developing policy and practice to deter drug use by collegiate athletes. More than 21,000 student-athletes completed the survey in the 2001 study. The results of the 2005 study will be available later this summer. Copies of the last two published studies are available at [www.ncaa.org](http://www.ncaa.org).

To support and promote drug education of student-athletes, NCAA Bylaw requires that each institution's Director of Athletics or the director's designee educate student-athletes about NCAA banned substances and the products that may contain them. Student-athletes are required to sign a student-athlete statement and a drug-testing consent form

that alerts them to the NCAA drug-testing policies and the list of banned substances, and requires their agreement to abide by these regulations and be tested when selected either during the academic year or during any championship play. The NCAA publishes guidelines for institutional drug-education programs, and annually provides more than a half million dollars in resources to its member institutions to help them conduct campus drug-education and prevention efforts. Some of the other resources provided to assist our member institutions to enhance student-athlete health and safety and deter drug use are:

- Health and safety specialists. The NCAA national office employs staff members who oversee the NCAA's health and safety initiatives.
- The NCAA Sports Medicine Handbook. A set of sports medicine guidelines compiled by leaders in the field of sports science that includes the NCAA's recommendations on educating athletes about drugs and supplements.
- Educational seminars on developing student-athlete drug and supplement prevention programs within the university.
- Educational information via bookmarks, posters, and Web-based resources.
- Educational conferences for coaches and administrators on deterring supplement use by athletes.
- A national speakers bureau of experts on drug use in sport.
- The Dietary Supplement Resource Exchange Center (REC). All NCAA athletes and staff may use this service funded by the NCAA and housed at Drug Free Sport. The REC provides a toll-free number and Web site for athletes to get reliable information about NCAA banned substances, medications and supplements. Inquiries are treated in a confidential manner.

- Articles and alerts through its biweekly publication, The NCAA News, which has featured a number of articles on drug use in sports.
- A special advisory memorandum sent annually to the senior athletics administrators at every NCAA institution to alert them to the potential risks of banned drugs in dietary supplements.

### **Drug Testing**

The NCAA sponsors two national drug-testing programs for college athletes – during NCAA championships and randomly throughout the academic year. The NCAA believes that drug testing is an integral part of drug-abuse prevention. NCAA drug testing was established to protect student-athlete health and safety and to ensure that athletes are not using performance-enhancing drugs to gain a competitive advantage.

The NCAA first introduced drug testing at its championships and postseason football bowl games in 1986. Since 1986, any NCAA athlete competing in these events is subject to NCAA drug testing, and approximately 1,500 athletes are tested each year through championship drug testing. NCAA testing is conducted under a strict, published protocol utilizing one of the best laboratories in the U.S. for sports drug testing, the UCLA Olympic Analytical Lab, certified by the International Olympic Committee. Not only tops in analysis, the UCLA lab is also the research lab that identified the latest designer steroid to hit the market, THG, and developed a testing protocol that now benefits the NCAA in providing keener detection of hard-to-identify anabolic steroids.

As part of its drug-prevention efforts, the NCAA publishes a list of banned drug classes.

This list goes further than those substances banned under federal law, and includes anabolic steroid precursor DHEA and the stimulant synephrine.

To deter the use of training drugs such as anabolic steroids, the NCAA implemented a second drug-testing program in August 1990. Today as part of this program, more than 10,000 athletes, including incoming freshman and transfers, are tested by the NCAA on their campuses August through June. Athletes in all sports are subject to this testing, and may be tested at any time during the academic year. Sanctions for positive drug tests are automatic and defined for the student-athlete in the annual signing of the NCAA drug-testing consent form.

### **Penalties**

The NCAA and its member institutions have taken a strong stand to deter doping in sports and have established serious penalties for those who violate these policies.

Athletes who test positive are withheld from competition in all sports for at least one year, and lose one of their four years of collegiate eligibility. Athletes who test positive a second time for steroids lose all remaining eligibility and are permanently banned from intercollegiate athletics competition.

### **Results**

The NCAA has been active in the fight to deter steroid use for over 30 years. Through collaborative educational efforts with sports medicine and athletics organizations, the NCAA has been a champion in deterring the use of these substances by young athletes.

The establishment of drug testing, NCAA support for drug-testing research, the strengthening of NCAA and campus policies to deter drug use, and the combined educational efforts from the NCAA national office and campus athletics staff have had a positive impact on steroid use. Data from the NCAA substance use surveys note a marked decrease in the reported use of steroids following the institution of drug testing for that substance during the academic year. In the 1989 Study of the Substance Use Habits of College Student Athletes, 9.7% of NCAA Division I football student-athletes reported using anabolic steroids. In 1990, the NCAA began testing for anabolic steroids during the academic year in all Division I football programs. In the 1993 study, 5.0% of Division I football student-athletes reported using anabolic steroids, and subsequently, 2.2% reported steroid use in the 1997 study and 3.0% in the 2001 study.

### **Next Steps**

The NCAA was vocal and supportive of legislative efforts to remove steroid precursors from the dietary supplement market through the Anabolic Steroid Control Act of 2004 and joins the authors and partners in celebrating this victory. But we understand there is much more to be done. We continue to review and enhance our drug testing protocol, and work to strengthen our relationships with drug prevention experts. We support our friends and colleagues in their efforts to address drug use at the high school and professional leagues, and offer our cooperation to those who share in our commitment to ensure safe, drug free sport. As we have for almost two decades, we will continue to meet on common ground with the professional leagues and our colleagues at the high school level, and to enlist the expertise of sports scientists to provide us guidance in our

prevention and testing programs. The important next steps involve expanding resources for research in the area of detecting new performance enhancing substances as they emerge, and to identify and implement effective prevention strategies. As noted in the THG case, the importance of research to detect and test for new performance enhancing drugs cannot be overstated, and on behalf of all of us who administer athletics programs, we urge funding support for drug-testing research and implementation of programs that have been able to demonstrate a positive impact on youth decisions to enhance performance through healthy and fair strategies, by hard work, dedication and practicing healthy behaviors.

On behalf of the NCAA, I would like to thank the subcommittees for the opportunity to speak before you today and express the NCAA's willingness to assist in moving forward in this monumental and critical task to eradicate drugs from sports.